


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002448	
1. Entity Name CEC-EAST, INC.	

Principal Place of Business 295 NORTH STREET UNIT 6 TETERBORO, NJ 07608	Mailing Address 8870 NW 24TH TERR MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4430446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LA RIVA, UBALDO 8870 NW 24 TERRACE MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ETTENSBERGER, CLAUD 16200 S. FIGUEROA ST GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS ETTENSBERGER, JESSICA 16200 S. FIGUEROA ST GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/21/05-80082-003 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment which address, with all other like empowered.

SIGNATURE: _____	2/14/05	310-767-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #